

Medi-Cal Program (MPG) Guide Letter # 728

June 1, 2011

Subject **ASSISTED LIVING WAIVER PROGRAM AND HEALTHY FAMILIES PROGRAM CLARIFICATIONS**

Effective Date Upon receipt

Reference MEPM Letter #307

Purpose To inform staff of procedures and policies related to the Assisted Living Waiver (ALW) and provide clarification to the MPG section regarding mail-in applications from the Healthy Families Program.

Background The ALW is a program designed as an alternative to Long Term Care (LTC) for beneficiaries to remain in the community and receive many of the services associated with LTC in residential care facilities for the elderly or publicly funded senior housing. In order to be eligible to the program, beneficiaries must be eligible to full-scope Medi-Cal.

The program is currently in Sacramento, San Joaquin and Los Angeles County and may expand to additional counties in time.

To reduce confusion regarding the application date for Mail-in cases received from Healthy Families and through the Single Point of Entry (SPE), this letter clarifies the procedures in MPG article 4, section 20.

Change Individuals not residing in participating counties have the right to apply for the ALW if they are willing to move to a facility in a participating county. The county of current residence is responsible for making the Medi-Cal full-scope eligibility determination and must transfer the case to the ALW county after initial eligibility determination.

Though not a change in regulations, MPG article 4 section 20 clarifies the application date for mail-in applications from SPE to be:

If ...	Then ...
The application is submitted or	The application date is the date

mailed directly to the FRC or ACCESS without a transmittal form	the application was received and first date stamped by the FRC or ACCESS.
The application is received from SPE via ACCESS with a transmittal form from SPE	The application date is the date on the transmittal form.

Automation Impact

The special rules for the ALW are not programmed in CalWIN. Until such time as they are programmed, workers must complete ALW eligibility determinations outside of CalWIN and request a manual override of CalWIN eligibility results and aid codes when Medi-Cal eligibility is granted under these rules.

Forms Impact

DHCS has not added the Notices of Action to their website and they are not available in CalWIN. The following forms are available to order from Xerox.

MC 240 – Approval for Enrollment in Assisted Living Waiver with Medi-Cal Changes for Beneficiary.

MC 241 – Approval for Enrollment in Assisted Living Waiver and Initial Medi-Cal

MC 242 – Denial of Enrollment in Assisted Living Waiver and/or Medi-Cal Referral Form

ACCESS Impact

None.

Imaging Impact

The ALW manual notices and the referral form are not on the approved listing for KOFAX and must be imaged using template 16-140 NOTICE OF ACTION.

Quality Assurance Impact

Effective with the July 2011 review month, Quality Assurance will cite appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Change

The table below shows the changes made to the Medi-Cal Program

Guide.

Article/Section	Changes
Article 5, section 18	Added Assisted Living Waiver Section
Article 4, section 20	Added clarification to SPE application date policy in 4.20.02.C

**Manager
Approval**

Sylvia Melena, Assistant Deputy Director
Self Sufficiency Programs
Strategic Planning and Operational Support

MK

Article 5 Section 18 – Waiver Programs for Medi-Cal and Community Based Services

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Summary

This section provides guidelines for the processing of Waiver requests.

The Social Security Act, Section 1915 (c) permits states to request waivers in order to provide certain services to persons at home or in the community as a cost neutral alternative to institutionalized health care, provided such non-institutionalized services meet the health and safety needs of the beneficiary. The goal is that the beneficiary will experience an enhanced and enriched quality of life if allowed to return home or to the community.

Congress also authorized Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for eligible individuals under 21 years of age. EPSDT is a Medi-Cal benefit which requires that states provide medically necessary screening, vision, hearing, and dental services to Medi-Cal beneficiaries. One of the services which may be provided is licensed skilled nursing in the home. Therefore, Medi-Cal eligible children who are institutionalized will now be able to return home from institutionalization or those who are home can remain at home because they can receive additional medical services under the EPSDT program if certain criteria, including cost effectiveness, are met.

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A person who has a Share of Cost (SOC) or is not property eligible for Medi-Cal under regular income/property rules may benefit from some of these waivers, as described below.

Currently there are five waivers in use. They are:

- Department of Developmental Services (DDS) Home and Community-Based Waiver.
- Medi-Cal In-Home Operations (IHO) Waivers. These Waiver have also been known as Model Waiver, Katie Beckett Waiver, or Home and Community Based Services Waiver.

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- Department of Aging Multipurpose Senior Services Program (MSSP) Waiver.
- Assisted Living Waivers
- DHS Acquired Immune Deficiency Syndrome (AIDS) Waiver.

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The first four waivers provide special Medi-Cal rules that allow an exemption of an in home spouse or parent's income and property to determine Medi-Cal eligibility for individuals who have been determined eligible for these waivers. The AIDS Waiver follows normal Medi-Cal rules.

MPG LTR 553 (4/04)

05.18.01 - DDS Home and Community-Based Waiver

A. Description The Home and Community-Based Waiver (commonly referred to as DDS Waiver or institutional deeming) is limited to developmentally disabled persons who reside in or meet the admission criteria for an intermediate care facility for the developmentally disabled as defined in the California Health and Safety Code.

The San Diego Regional Center determines if the beneficiary meets the criteria for the DDS Waiver program. Services provided include homemaker, home health, residential habilitation, day habilitation, skilled nursing, transportation, specialized medical equipment and supplies, personal care, respite, environmental modification, chore service, personal emergency response systems, physical therapy, occupational therapy, physiology services, vehicle adaptations, communication aides, and crisis intervention.

The worker first determines if the applicant is eligible to Medi-Cal with zero SOC or a Special Percent Program. If the applicant is not eligible to zero SOC Medi-Cal but is otherwise eligible to Medi-Cal, the applicant is eligible to the DDS Waiver program.

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B. Referring Agency San Diego Regional Center is responsible for the DDS Waiver referrals. DDS contracts with local regional centers, which are responsible for seeking Medi-Cal for their clients. These regional centers are nonprofit agencies. The San Diego Regional Center will determine the medical appropriateness of Waiver coverage before referring to the regional office by reviewing the applicant's medical, social and developmental care needs, as well as applicant's income. When appropriate, the regional center will refer the client to the County for an eligibility determination or redetermination via the DDS Waiver Referral form, DHS 7096 (Appendix A), which the worker will keep in the case file under the "Medical" tab. If no responsible relative is available to act on behalf of the client, or the responsible relative does

not wish to apply for the client, the regional center representative may do so.

Workers may share ongoing eligibility information with the regional center regardless of who acts on the client's behalf and without a signed DHS 7068.

The Regional Center for San Diego and Imperial counties is located at:
4355 Ruffin Road, Suite 205
San Diego, CA 92123-1648
Tel.: (858) 576-2996
Fax: (858) 576-2873

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C. Eligibility

The individual must meet all regular Medi-Cal eligibility rules when determining eligibility for the Waiver. To process an application with a DDS Waiver Referral:

Step	Action
1	Screen the entire family's income and property for eligibility to zero SOC Medi-Cal. If the information is not already on the Statement of Facts, obtain the information on a Sworn Statement.
2	If the family MFBU is determined eligible to zero SOC Medi-Cal or an FPL program, return referral to the Regional Center as an inappropriate referral.

If the individual meets all other regular Medi-Cal eligibility requirements but is income and property ineligible, or has a SOC, the worker will base eligibility on the DDS Waiver referral and follow the special rules below:

Item	Special Rule
Income and property	Only use the Waiver applicant/beneficiary's income and resources in determining his/her eligibility and SOC. Parental and/or spousal income and resources are not considered even if he/she lives in the home.
Spousal impoverishment	Spousal impoverishment rules apply, if appropriate, as if the individual were institutionalized.
Vehicle	If the individual is over property because of a second vehicle, the worker must determine if the vehicle is exempt. Under DDS waiver rules, a second vehicle, which has been modified to accommodate the physical handicap(s) or medical needs of the individual, is

	to be exempt when determining Medi-Cal eligibility. A written statement from a physician verifying the need for the modified vehicle is required and is to be filed in the Medi-Cal case.
MFBU	Each Waiver individual is in his/her own MFBU. If other family members wish to be aided, the Waiver individual is treated similar to those on public assistance; e.g., he/she may be used to link other family members although he/she is not in the MFBU. His/her income is not included in the family's MFBU.
Must be eligible to full scope	The Waiver is limited to those who are eligible for full-scope benefits. A person residing in a nursing home under the state-only aid code of 53, a person in another limited scope aid code, or a person who does not have satisfactory immigration status is not eligible.
Use most beneficial program for individual	The worker should use the most beneficial full scope Medi-Cal program to determine eligibility that is applicable to the applicant/beneficiary, e.g., the Aged and Disabled Program, the Medically Needy Program (MN), the Medically Indigent (MI) Program, or the Percent Program. Eligibility is based on the waiver individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied. For example: A child under age 19 who has a SOC in the MN or MI Program or has excess property may be eligible under the appropriate Percent Program, which disregards property, using a family size of one under the Waiver Program. He/she would then be given the appropriate Waiver aid code.
Disability Determination	A DDS referral is required only if the individual has no other basis for linkage (e.g., the person is not aged, not under 21 and has not been determined disabled by SSA, etc.), or if a disability determination would be advantageous to the beneficiary (allowance of ABD deductions).
Maintenance Need	The maintenance need for one (\$600) is used.

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**D.
Beginning**

The effective date of eligibility for an applicant using the special eligibility rules under the DDS, Medi-Cal IHO, or MSSP Waiver is the

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Date of Eligibility and Retroactive Coverage

date the following two requirements are met:

- The referring agency determines that it is medically appropriate for the Waiver applicant to be in the Waiver. Normally, this is the date on the DDS Waiver Referral, the Medi-Cal IHO Waiver Medi-Cal Eligibility Notice, or MSSP Waiver Referral; and
- The worker determines that the Waiver applicant meets the Medi-Cal eligibility requirements under that Waiver.

If an applicant requests retroactive Medi-Cal benefits, regular Medi-Cal rules apply. If the applicant requests that retroactive eligibility also be evaluated using the special rules under the Waiver, the worker will contact the representative of the referring agency to inquire whether the Waiver also covers the retroactive period. The response must be recorded on the back of the original referral form. If the original referral form includes a cover letter requesting retroactive Medi-Cal, this may be considered a request for retroactive Medi-Cal in lieu of Question #17b of the MC210. In this case, there is no need to contact the referring agency.

MPG LTR 553 (4/04)

E. Aid Codes

The following aid codes are used for DDS Waiver eligible cases:

- 6V-DDS Waiver Zero SOC
- 6W-DDS Waiver SOC

These aid codes are voluntary managed care enrollees. The enrollment process is done through the Orientation Specialist. Medi-Cal beneficiaries with zero SOC in a mandatory managed care plan aid code may choose to dis-enroll from managed care by completing form HCO-02 (8/99) Medi-Cal Waiver Program Exemption Certification (Appendix D). The medical providers usually initiate this form.

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F. Redetermination

If a beneficiary is currently receiving Medi-Cal benefits through the DDS Waiver Program, the San Diego Regional Center must be contacted at the time of annual redetermination to ensure the beneficiary is still medically eligible for the Waiver program. The Regional Center telephone number is listed in 05.18.01.B.

MPG LTR 553 (4/04)

G. Notice of Action

A copy of the granting Notice of Action must be sent to the Regional Center representative or referring agency informing them of the disposition of the application/redetermination.

MPG LTR 553 (4/04)

**H.
SSI Personal
Needs
Allowance**

Effective June 1, 1990, federal law began allowing a former institutionalized SSI child the same personal needs allowance (PNA) as an institutionalized SSI child as long as the noninstitutionalized child is in a home and community-based waiver. Because the Social Security Administration (SSA) must confirm that a child is in a waiver program before the PNA can begin or that a child remains in a waiver program for the PNA to continue, counties may be requested to provide verification to SSA such information at the time waiver coverage begins and then at the SSA redetermination.

Counties must have permission from the child's parent or guardian before releasing this information to SSA. The DHS 7071 form was developed to secure parental consent and to release this information to SSA. In addition, counties should be aware that in some cases, when the waiver beneficiary begins receiving the PNA, MEDS will convert the waiver aid code to an aid code of 60. If this occurs and the waiver person is still living in the home and is not eligible for a regular SSI payment, counties should contact Department of Health Services to have the aid code corrected.

MPG LTR #553 (4/04)

05.18.02 - Medi-Cal In-Home Operations (IHO) Waivers

A. Description

Previously called Katie Beckett, Model Waiver, or Home and Community Based Services (HCBS) Waiver, the Medi-Cal In-Home Operations (IHO) Waivers are limited to persons who require nursing facility level of care or sub acute services for at least 90 consecutive days, but who wish to live at home, or in the community. Individuals under the age of 21 must be able to access a waiver service which is not covered under the EPSDT program. Inpatient status before the enrollment of Waiver services is not required.

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The California Department of Health Care Services (DHCS) IHO Section determines if the applicant meets the criteria for Waiver eligibility. Services provided include, but are not limited to: case management, skilled nursing, home health aides, language services, speech, hearing, family training and therapy, physical therapy and adaptations to the home.

The worker first determines if the applicant is eligible to Medi-Cal with zero SOC. If the beneficiary is not eligible to zero SOC Medi-Cal, but is otherwise eligible to Medi-Cal, the applicant is eligible to the Medi-Cal IHO Waiver program.

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B. Referring Agency

The referring agency for the Medi-Cal IHO Waiver is the DHCS IHO Section. The purpose of IHO is to ensure that necessary, appropriate, and quality medical and nursing services are authorized and provided in the home setting. IHO staff facilitates the proposal documentation and development between each waiver participant and provider. This process allows for review of all issues related to the level of care, evaluation of durable medical equipment, medication, nursing hours, cost effectiveness and verification by IHO staff that the home environment is appropriate to meet the health and safety needs of the recipient. Final approvals of individual waiver requests are subject to review by a Medi-Cal physician and other staff.

When the medical component is completed, the worker will receive a copy of the Medi-Cal IHO Waiver Medi-Cal Eligibility Notice, Letter No. 1 (Appendix B) from the Medi-Cal Program Specialist. A copy of the letter must be in the case file.

Some individuals receiving benefits under the Department of Developmental Services (DDS) Waiver may be referred by CDHS IHO to change to the Medi-Cal IHO Waiver due to a better match with services. The worker will receive a copy of the Medi-Cal IHO Waiver Medi-Cal Eligibility Notice, Letter No. 3 (Appendix C) from PPSD. The worker must change the aid code to the appropriate Medi-Cal IHO Waiver aid code, file the copy of the letter in the case file, and narrate.

**C.
Eligibility**

The individual must meet all regular Medi-Cal eligibility rules when determining eligibility for the Medi-Cal IHO Waiver. To process an application with a Medi-Cal IHO Waiver Referral:

Step	Action
1	Screen the entire family's income and property for eligibility to zero SOC Medi-Cal. If the information is not already on the Statement of Facts, obtain the information on a Sworn Statement.
2	If the family MFBU is determined eligible to zero SOC Medi-Cal or an FPL program, return referral to the Medi-Cal Program Specialist as an inappropriate referral.

If the individual meets all other regular Medi-Cal eligibility requirements but is income and property ineligible, or has a SOC, the worker will base eligibility on the IHO Waiver referral and follow the special rules below:

Item	Special Rule
Income and property	Only use the Waiver applicant/beneficiary's income and resources in determining his/her eligibility and SOC. Parental and/or spousal income and resources are not considered even if he/she lives in the home.
Spousal impoverishment	Spousal impoverishment rules apply, if appropriate, as if the individual were institutionalized.
Vehicle	<p>If the individual is over property because of a second vehicle, the worker must determine if the vehicle is exempt.</p> <p>Under Medi-Cal IHO waiver rules, a second vehicle, which has been modified to accommodate the physical handicap(s) or medical needs of the individual, is exempt when determining Medi-Cal eligibility. A written statement from a physician verifying the need for the modified vehicle is required and must be filed in the Medi-Cal case.</p>
MFBU	Each Waiver individual is in his/her own MFBU. If other family members wish to be aided, the Waiver individual is treated similar to those on public assistance; e.g., he/she may be used to link other family members although he/she is not in the MFBU. His/her income is not included in the family's MFBU.
Must be	The Waiver is limited to those who are eligible for

eligible to full scope	full-scope benefits. A person residing in a nursing home under the state-only aid code of 53, a person in another limited scope aid code, or a person who does not have satisfactory immigration status is not eligible.
Use most beneficial program for individual	The worker should use the most beneficial full scope Medi-Cal program to determine eligibility that is applicable to the applicant/beneficiary, e.g., the Aged and Disabled Program, the Medically Needy Program (MN), the Medically Indigent (MI) Program, or the Percent Program. Eligibility is based on the waiver individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied. For example: A child under age 19 who has a SOC in the MN or MI Program or has excess property may be eligible under the appropriate Percent Program, which disregards property, using a family size of one under the Waiver Program. He/she would then be given the appropriate Waiver aid code.
DDSD Referral	A DDSD referral is required only if the individual has no other basis for linkage (e.g., the person is not aged, not under 21 and has not been determined disabled by SSA, etc.), or if a disability determination would be advantageous to the beneficiary (allowance of ABD deductions).
Maintenance Need	Use the maintenance need for one (\$600).

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**D.
Beginning
Date of
Eligibility and
Retroactive
Coverage**

The effective date of eligibility for an applicant using the special eligibility rules under the DDS, Medi-Cal IHO, or MSSP Waiver is the date the following two requirements are met:

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- The referring agency determines that it is medically appropriate for the Waiver applicant to be in the Waiver. Normally, this is the date on the DDS Waiver Referral, the Medi-Cal IHO Waiver Medi-Cal Eligibility Notice, or MSSP Waiver Referral; and
- The worker determines that the Waiver applicant meets the Medi-Cal eligibility requirements under that Waiver.

If an applicant requests retroactive Medi-Cal benefits, regular Medi-Cal rules apply. If the applicant requests that retroactive eligibility also be evaluated using the special rules under the Waiver, the worker will contact the representative of the referring agency to inquire whether the Waiver also covers the retroactive period. The response must be recorded on the back of the original referral form. If the original referral

form includes a cover letter requesting retroactive Medi-Cal, this may be considered a request for retroactive Medi-Cal in lieu of Question #17b of the MC210. In this case, there is no need to contact the referring agency.

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**E.
Aid Codes**

The following aid codes are used for Medi-Cal IHO Waiver eligible cases:

- 6X - Medi-Cal IHO Waiver Zero SOC
- 6Y - Medi-Cal IHO Waiver SOC

These aid codes are voluntary managed care enrollees. Refer all managed care questions to the Orientation Specialist.

Medi-Cal beneficiaries with zero SOC in a mandatory managed care plan aid code may choose to dis-enroll from managed care by completing form HCO-02 (8/99) Medi-Cal Waiver Program Exemption Certification (Appendix D). The medical providers usually initiate this form.

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**F.
Notice of
Action**

It is not necessary to send copy of the granting NOA to IHO or the Medi-Cal Program Specialist.

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**G.
Redetermin-
ation**

At annual redetermination, unless the worker has been notified otherwise, the beneficiary would still be considered medically eligible to the Medi-Cal IHO Waiver Program. It is not necessary for the worker to contact IHO or the Medi-Cal Program Specialist to verify if the individual is still eligible to the Waiver program.

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05.18.03 – Department of Aging Multipurpose Senior Service Program (MSSP) Waiver

A. Description

The MSSP Waiver Program is limited to individuals who are:

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- Aged (age 65 or older),
- Receiving full-scope Medi-Cal under an acceptable aid code,
- Certifiable for placement in a nursing facility,
- Living within Aging and Independence Service's (AIS) service area,
- Able to be served within a program's cost limitations, and
- Appropriate for care management services.

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Many of the waiver participants live at home and were on Medi-Cal before being accepted into the Waiver. Services include case management, adult social day care, housing assistance, protective services, personal care, respite care, transportation, meal services and special communications.

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B. Referring Agency

The California Department of Aging (CDA) is the referring agency. Aging and Independent Services (AIS) is the local administrator in San Diego County. Applicants for this waiver have the medical component for waiver inclusion completed before referral to the County. The MSSP individual is referred using form MC 364 (Appendix F).

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C. Eligibility

Individuals must be in the following qualifying Medi-Cal aid codes to receive MSSP services: 10, 14, 16, 18, 1H, 1X and 1Y.

Case processing will follow the similar procedures as under Medi-Cal DDS Waiver.

If ...	Then ...
the individual is eligible for Medi-Cal without a SOC using regular property and income rules	Medi-Cal should be granted under the appropriate non-Waiver Medi-Cal aid code.
The individual is in a Skilled Nursing Facility at the time of application	Spousal Impoverishment rules must be used.
If the individual is property ineligible, or has a SOC	Evaluate using Spousal Impoverishment rules.
If the individual is determined to be eligible with zero SOC	Grant MSSP Waiver under aid code 1X.
The individual is determined to be eligible with a SOC	The application must be referred to AIS for an evaluation for

	<p>Personal Care Services Program (PCSP) eligibility.</p> <p>The case must be kept in pending status while AIS determines eligibility for services.</p>
Determined by AIS to be income eligible	<p>AIS will grant services and report aid code 1F to MEDS.</p> <p>Once the worker is notified by AIS that services have been granted, the Medi-Cal case can then be granted using aid code 1Y.</p>

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**D.
Beginning
Date of
Eligibility and
Retroactive
Coverage**

The effective date of eligibility for an applicant using the special eligibility rules under the DDS, Medi-Cal IHO, or MSSP Waiver is the date the following two requirements are met:

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- The referring agency determines that it is medically appropriate for the Waiver applicant to be in the Waiver. Normally, this is the date on the DDS Waiver Referral, the Medi-Cal IHO Waiver Medi-Cal Eligibility Notice, or MSSP Waiver Referral; and
- The worker determines that the Waiver applicant meets the Medi-Cal eligibility requirements under that Waiver.

If an applicant requests retroactive Medi-Cal benefits, regular Medi-Cal rules apply. If the applicant requests that retroactive eligibility also be evaluated using the special rules under the Waiver, the worker will contact the representative of the referring agency to inquire whether the Waiver also covers the retroactive period. The response must be recorded on the back of the original referral form. If the original referral form includes a cover letter requesting retroactive Medi-Cal, this may be considered a request for retroactive Medi-Cal in lieu of Question #17b of the MC210. In this case, there is no need to contact the referring agency.

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**E.
Aid Codes**

The following aid codes are used for MSSP waiver program cases:

- 1X MSSP Waiver Zero SOC
- 1Y MSSP Waiver SOC

These aid codes are voluntary managed care enrollment aid codes and the enrollment process is done through the HCO Specialist.

**F.
Notice of
Action**

When an applicant's Medi-Cal eligibility is approved or denied under a Waiver, in addition to the copy sent to the applicant, a copy of the approval/denial NOA will also be sent to the representative of the referring agency.

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05.18.04 – Assisted Living Waiver

A. Description

Assisted Living Waiver (ALW) provides a viable alternative to long-term care for certain individuals because it allows individuals to live in the community while receiving many of the services that would be available in long-term care. The ALW provides the assisted living benefit in two settings:

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- Residential care facilities for the elderly (RCFEs) and
- Publicly funded senior and/or disabled housing (PSH).

ALW benefits include:

- Assisted living benefit as rendered by the RCFE setting
- Assisted living benefit as rendered by a Medi-Cal licensed and certified home health agency in the PSH setting
- Care coordination

Medi-Cal eligible persons residing in an ALW provider site and enrolled into the ALW have the following characteristics:

- Have full scope Medi-Cal eligibility without a Medi-Cal SOC;
- Have enough disposable income (DHCS makes this determination);
- Are aged or disabled; (Note: Blind applicants for the ALW will need to be determined disabled to be part of this waiver.)
- Meet the nursing facility (NF) A or B level of care; and
- Are at least 21 years of age.

Individuals ineligible for the ALW are those who:

- Reside in a residential care facility under state only aid code (AC) 53.
- Are in a limited scope AC due to failure to comply with DRA citizenship and identity regulations.
- Are enrolled in another Home and Community Based waiver.

The ALW is not available in San Diego County, but individuals from any county may request enrollment into this waiver if they are willing to move to an ALW provider site in another county. Workers must make a Medi-Cal eligibility determination using ALW eligibility rules for a waiver applicant who resides in this county but who, if enrolled in the ALW, will move to another county where an ALW facility is located. Once eligibility is determined, workers must initiate the ICT and transfer the case to the new county of residence.

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B. The waiver is operated directly by the DHCS Long-Term Care Division,

Referring agency

Monitoring and Oversight Section (MOS). DHCS has also contracted with Care Coordinator Agencies (CCAs) to conduct some aspects of the ALW process. Current lists of CCAs are contained on the sharepoint website under [CalWIN Reporting/ Management Reports/ Medi-Cal Program Reports/ Assisted Living Waiver CCAs](#).

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C. County of Responsibility

The county of residence is responsible for determining initial Medi-Cal eligibility for the ALW beneficiary, but the beneficiary must be willing to move to a county with an ALW facility.

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D. Referral Process

The individual must be determined eligible to full scope Medi-Cal with or without a share of cost.

Individuals ask DHCS or an ALW facility about the program

If the individual...	Then the...
has active Medi-Cal with zero SOC	CCA will complete a level of care assessment and enroll the individual if eligible.
does not have active Medi-Cal	CCA will refer them to their local office to apply and then the individual must provide the CCA with the results of the application.
has active Medi-Cal with a SOC or was denied Medi-Cal for excess property, but is married and may be eligible if evaluated as if they lived in an ALW facility	<ul style="list-style-type: none">• CCA will complete a level of care assessment and refer individual to the county for evaluation under ALW rules.• MOS will send a referral form (appendix G) to the county.• Worker will complete a Medi-Cal evaluation using the ALW rules and notify MOS of the results via the referral form.• MOS will inform the worker of the start date of ALW (if eligible) via the referral form• Worker must activate the beneficiary in the appropriate ALW aid code based on the date DHCS will be enrolling the above individual in the ALW.• The worker must initiate the ICT process to the county with the ALW facility.

Individuals ask the county about the program

Workers must refer the individual to the CCA (a list of CCAs can be

found at www.californiaassistedliving.org.) and complete the Medi-Cal determination.

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E. Eligibility

Workers must first complete a Medi-Cal determination for ALW applicants using standard Medi-Cal eligibility rules without applying institutionalized spouse or spousal impoverishment rules.

If ...	Then ...
The individual is found eligible for zero SOC Medi-Cal	Complete the determination and send referral form to DHCS.
The individual is found eligible for Medi-Cal with a SOC or The individual is found property ineligible and is married	Complete a manual determination using the ALW rules below as if the individual was residing in the facility.

ALW Eligibility Rules

Item	Special Rule
Income	<ul style="list-style-type: none"> Spousal impoverishment rules apply as if the individual were institutionalized. Community income is equally divided between the spouses. There is no deeming of income from the non-waiver spouse to the ALW spouse. Apply the standard deductions applicable to an aged or disabled individual such as the \$20 any income deduction. Deduct the greater of: excess board and care deduction; or the \$315 <u>Petit v. Bonta</u> deduction for personal care services.
MFBU	The individual is in his/her own MFBU. If other family members wish to be aided, the waiver individual is still treated similarly to a family member not living in the home.
Property	<p>Only the individual's own income and property are used to determine his/her financial eligibility.</p> <p>If the ALW individual is married, "name on the check" rule applies. That is, the owner of the income is the one named as its recipient.</p>
Disability Determination	An individual must either be aged or disabled to be in this waiver, so a DDSD referral is needed if they are not aged. An individual determined to be presumptively disabled is disabled for the

	purposes of this waiver.
--	--------------------------

MPG LTR # 728 (05/11)

**F.
Aid Codes**

The Department of Health Care Services has not yet created aid codes specifically for this waiver. Until they develop waiver specific aid codes, if an individual is determined eligible for zero SOC Medi-Cal using the waiver rules, they must be placed in one of the following aid codes:

14 - for aged individuals
64 - for disabled individuals

MPG LTR # 728 (05/11)

**G.
Notice of
Action**

If an individual is to move into an ALW provider site and is then eligible using regular Medi-Cal rules, the county shall use a regular Medi-Cal notice of action.

However, if eligibility/ineligibility is based on use of special AL rules such as institutional deeming rules and spousal impoverishment provisions, workers must use one of the three ALW specific notices of action below:

MC 240 – Approval for Enrollment in Assisted Living Waiver with Medi-Cal Changes for Beneficiary

MC 241 – Approval for Enrollment in Assisted Living Waiver and Initial Medi-Cal (only used if initial eligibility and ALW eligibility is determined simultaneously).

MC 242 – Denial of Enrollment in Assisted Living Waiver and/or Medi-Cal Referral Form

MPG LTR # 728 (05/11)

05.18.05 – DHCS Acquired Immune Deficiency Syndrome

**A.
Description**

The AIDS Waiver is limited to persons with a diagnosis of Human Immunodeficiency or Acquired Immune Deficiency Syndrome (AIDS) with symptoms related to Human Immunodeficiency Virus (HIV) disease who would otherwise require care in skilled nursing facilities or acute hospitals.

MEM
PROC
19D-9

Services provided include:

- Case management
- Skilled nursing
- Attendant care
- Psycho-social counseling
- Non-emergency medical transportation
- Homemaker services
- Equipment and minor physical adaptations to the home
- Limited room and board supplement for infants and children in foster care
- Nutritional counseling
- Nutritional supplements/home delivered meals

MPG LTR #553 (4/04)

**B.
Referring
Agency**

CDHS Office of AIDS.

MEM
PROC
19D-9

DHS Office of AIDS, Community Based Case Section
611 North 7th Street, P.O. Box 942732
Sacramento, CA 95814
(916) 327-6768
FAX: (916) 327-3177

Applicants for this waiver have the medical component for waiver inclusion completed before referral to the County. There should be few, if any, of this type of referral to the County.

MPG LTR #553 (4/04)

**C.
Eligibility**

Process using regular Medi-Cal eligibility rules. No special Medi-Cal eligibility rules apply.

MPG LTR #553 (4/04)

**D.
Notice of
Action**

When an applicant's Medi-Cal eligibility is approved or denied under a Waiver, in addition to the copy sent to the applicant, a copy of the approval/denial NOA will also be sent to the representative of the referring agency (whose name and address are on the referral form) with an exception of the Medi-Cal IHO Waivers Program.

ACWDL
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03-31E

APPENDIX A – DDS WAIVER REFERRAL

State of California - Health and Welfare Agency

Department of Health Services

DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER REFERRAL

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

CALIFORNIA REGIONAL CENTER— Please complete this portion and forward to the appropriate County Waiver Contact Person.

Name of applicant			
Address (number, street)	City	State	ZIP code
Social Security number	Date of birth	Telephone ()	
Parent/Guardian (if applicable)			
Address of parent/guardian (if different)	City	State	ZIP code

STATUS

- New Medi-Cal applicant.
- Currently receives Medi-Cal with a share of cost. Reevaluate under special institutional deeming rules.

LIVING ARRANGEMENT

- The applicant is currently in an institution. Please determine Medi-Cal eligibility on his/her anticipated return to the home. Anticipated date of discharge _____.
- The applicant is currently living in the home.
- Other: _____

This is to certify that the individual named above has met the admission criteria for an intermediate care facility for the developmentally disabled as defined in the California Health and Safety Code, Chapter 2, Section 1250.

Signature of Regional Center contact person



Printed name of Regional Center contact person	Title	Telephone ()	
Regional Center address (number, street)	City	State	ZIP Code

NOTE TO COUNTY: The eligibility determination waives parental and spousal income and resources even if the applicant lives in the home. See Section 19D of the Medi-Cal Eligibility Procedures Manual. If the applicant/beneficiary is entitled to zero share of cost Medi-Cal under regular eligibility rules, no waiver is required.

Please send a copy of the Notice of Action to the Regional Center when the determination is completed.

APPENDIX B – MEDI-CAL HCBS WAIVER ELIGIBILITY NOTICE

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 324-1020

[State Seal]

Dear

MEDI-CAL HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER ELIGIBILITY NOTICE

Applicant:
Social Security Number:
Date of Birth:
Address:
Telephone:

This notice is to confirm that the above-named individual has been determined medically eligible for NF waiver services by the Department of Health Services, In-Home Operations (IHO).

It is now necessary that the individual make an application for Medi-Cal program eligibility, or be redetermined eligible for Medi-Cal as a member of his/her own Medi-Cal Family Budget Unit (MFBU) through the county welfare department.

Please contact Mr./Ms. _____ in _____ County at () _____, to make an appointment to complete the Medi-Cal eligibility application in your county. Should you have questions regarding this notice, please contact me at (916) 324-5942.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc:


Note to County: **Requesting effective date of** _____ .

Letter No. 1

APPENDIX C – HCBS WAIVER ELIGIBILITY NOTICE

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P. O. Box 942732
Sacramento, CA 94234-7320
(916) 324-1020



[State Seal]

Dear

MEDI-CAL HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER ELIGIBILITY NOTICE

Applicant:
Social Security Number:
Date of Birth:
Address:
Telephone:

This notice is to confirm that the Department of Health Services, In-Home Operations (IHO), has determined the above-named individual medically eligible for the Medi-Cal HCBS waiver.

Your Medi-Cal eligibility for institutional deeming has already been determined.

A copy of this letter is being sent to Mr./Ms. _____ in _____ County to notify them of the change from the Department of Development Services waiver to the Medi-Cal HCBS waiver. **This letter does not require any action on your part at this time.**

Should you have questions regarding this notice, please contact me at (916) 324-5942.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc:

Note to County: **Requesting effective date of** _____ .

APPENDIX D – MEDI-CAL WAIVER EXEMPTION CERTIFICATION

MEDI-CAL WAIVER PROGRAM EXEMPTION CERTIFICATION

Each area of the Medi-Cal Waiver Program Exemption Certification form must be completed or the form will be returned unprocessed – Please Print or Type

Dear Medi-Cal Physician: If you currently provide or will be providing medical services to an individual who is receiving Medi-Cal Waiver Program benefits, please complete this portion of the form.

1. Beneficiary Name _____		2. Beneficiary Medi-Cal I.D. Number (BIC) _____	
Last Name First Name M.I.			
3. Medi-Cal Provider Number _____	4. Medi-Cal Waiver Program: u. <input type="checkbox"/> AIDS Waiver Program w. <input type="checkbox"/> In-Home Medical Care (IHMC) Waiver Program v. <input type="checkbox"/> Model Waiver Program y. <input type="checkbox"/> Skilled Nursing Facility (SNF) Waiver Program		
I certify that the information I have provided on this form is correct. I understand that the Department of Health Services may audit this form to determine if the information provided is accurate.			
5. Authorized Signature of Medical Physician _____		6. Date Signed ____/____/____ Month Day Year	
7. Printed Name of Medical Physician _____		8. Medi-Cal Provider Number used to bill the Medi-Cal Program for this beneficiary _____	
Last Name First Name M.I.			
9. Telephone Number of Medical Physician (____) _____ - _____		10. Fax Number of Medical Physician (____) _____ - _____	

MAIL this document to:

**Health Care Options
P.O. Box 989009
West Sacramento, CA 95798-9850**

or FAX this

document to: (916) 364-0287

If you have questions regarding this form, please call HCO at 1-800-430-4263

MEDI-CAL MANAGED CARE NON-MEDICAL EXEMPTION CERTIFICATION

- See other side for the Non-Medical Exemption Certification Form ·

Indian Health Program Exemption:

Dear Medi-Cal Beneficiary: If you or a family member is receiving Medi-Cal benefits, you may be required to join a Medi-Cal Managed Care health plan. However, if you or a family member is a Native American, Alaskan Native or qualified non-Indian and you want to receive medical services through an Indian Health Service (IHS) facility, you may request to be excused from Medi-Cal Managed Care health plan enrollment in order to receive services through an Indian Health Service facility.

To be excused from plan enrollment you must have an Indian Health Services facility representative complete this form, certifying that you are or will be receiving services from an Indian Health Service facility. The facility representative must submit this completed form to the HCO program.

Medi-Cal Waiver Program Exemption:

Dear Medi-Cal Beneficiary: If you are enrolled in a Medi-Cal waiver program which allows you to receive skilled nursing services at home or are enrolled in any of the waiver programs listed below, you may NOT have to join a plan.

If you are enrolled in a Medi-Cal waiver program and wish to continue receiving medical services from your doctor, clinic or other primary care provider, you must have your doctor complete this form. If approved, you will NOT have to join a Medi-Cal Managed Care health plan for up to 12 months. At the end of 12 months, if an extension is required, your doctor must submit a new form. Your approval for medical exemption will allow you to continue to receive medical services through fee-for-service Medi-Cal by using your white Medi-Cal card.

Medi-Cal Waiver Programs:

- AIDS Waiver Program
- In-Home Medical Care (IHMC) Waiver Program
- Model Waiver Program
- Skilled Nursing Facility (SNF) Waiver Program

CERTIFICACIÓN DE EXCEPCIÓN POR RAZONES NO MÉDICAS PARA ATENCIÓN MÉDICA ADMINISTRADA DE MEDI-CAL

- Vea el reverso de este formulario para información sobre la Excepción por Razones Médicas ·

Excepción para el Programa Indian Health Program:

Estimado beneficiario de Medi-Cal: Si usted o un miembro de su familia está recibiendo beneficios de Medi-Cal, es posible que deba inscribirse en un Plan de Salud Administrado de Medi-Cal. Sin embargo, si usted o un miembro de su familia es de origen Indígena Americano, Nativo de Alaska o reúne los requisitos para personas de origen no indígena y desea recibir servicios médicos a través de un centro de Indian Health Service (IHS), puede solicitar que esté excluido de inscribirse en un plan de salud de Atención Médica Administrada de Medi-Cal para recibir los servicios a través del centro de Indian Health Service.

Para que esté excluido de inscribirse en el plan, debe solicitarle a un representante del centro de Indian Health Services que llene este formulario, en el que certifica que usted recibe o recibirá servicios a través de un centro de Indian Health Service. El representante del centro debe enviar este formulario completo al programa HCO.

Excepción para los programas de renuncia a Medi-Cal:

Estimado beneficiario de Medi-Cal: Si está inscrito en un programa de renuncia a Medi-Cal que le permite recibir servicios de atención médica especializada en el hogar o en cualquiera de los programas de renuncia que figuran a continuación, tal vez NO tenga que inscribirse en un plan.

Si está inscrito en un programa de renuncia a Medi-Cal y desea continuar recibiendo servicios médicos a través de su médico, clínica, u otro proveedor de atención médica primaria, debe solicitarle a su médico que llene este formulario. Si se aprueba su solicitud, NO tendrá que inscribirse en un plan de salud de Atención Médica Administrada de Medi-Cal durante un período de hasta 12 meses. Al cumplirse los **12 meses**, si se requiere una extensión, su médico deberá presentar un nuevo formulario. Su aprobación para una excepción por razones médicas le permitirá continuar recibiendo servicios médicos mediante el sistema de pago por servicio de Medi-Cal (fee-for-service), utilizando su tarjeta blanca de Medi-Cal.

Programas de renuncia a Medi-Cal:

- Programa de renuncia para SIDA (AIDS Waiver Program)
 - Programa de renuncia para atención médica en el hogar (In-Home Medical Care (IHMC) Waiver Program)
 - Programa de renuncia modelo (Model Waiver Program)
 - Programa de renuncia para atención médica especializada (Skilled Nursing Facility (SNF) Waiver Program)
-

APPENDIX E – RELEASE OF INFORMATION

Department of Health Services

MEDI-CAL WAIVER INFORMATION AND AUTHORIZATION

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Parent/Guardian: If your child was receiving Supplemental Security Income (SSI) payments while in an institution, is under 18 years of age, is now receiving Medi-Cal benefits, is now living at home, and is currently in a home- and community-based waiver program, he/she may be eligible to receive a monthly SSI personal needs payment. Please complete this portion of the form and forward to the County Waiver Person if your child is in a Model or Developmental Services Waiver. For other waivers, forward this form to the State of California, Department of Health Services, Medi-Cal Eligibility Branch, Room 1650, 714 P Street, P.O. Box 942732, Sacramento, CA 94234-7320. After the County or State has verified that your child is in a Medi-Cal waiver, submit this form to the Social Security Administration for a determination. SSA will continue to contact the County or State each year prior to continuing the personal needs payment.

Name of child			
Address (number, street)	City	State	ZIP code
Social Security number	Date of birth	Telephone ()	
Parent/Guardian			
Address of parent/guardian (if different)	City	State	ZIP code
Type of waiver			

I, the parent or guardian of the above child, authorize the County of _____ or the State of California to disclose to the Social Security Administration information about the above child's status in the Medi-Cal home- and community-based waiver program.

Signature >	Date
----------------	------

COUNTY DEPARTMENT OF SOCIAL SERVICES: Please verify that the above child is currently receiving Medi-Cal benefits at home and is receiving services under the Model or DDS waiver.

I certify that the above named child is receiving Medi-Cal benefits under one of the following home- and community-based waivers:

- Model Nursing Facilities Waiver (Parental income and resources do not apply.)
- Developmental Services Waiver (Parental income and resources do not apply.)

Signature of county authorizing person >			
Printed name	Title	Telephone ()	
County address (number, street)	City	State	ZIP code

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES: Please verify that the above child is currently receiving Medi-Cal benefits and receiving waiver services.

Signature of state authorizing person >			
Printed name	Title	Telephone ()	
State address (number, street)	City	State	ZIP code

White: Parent copy

Yellow: County copy

APPENDIX F – MSSP WAIVER REFERRAL

State of California – Health and Human Services Agency

Department of Health Services
Medi-Cal Program

CALIFORNIA DEPARTMENT OF AGING (CDA) WAIVER REFERRAL

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Multipurpose Senior Services Program (MSSP) site: Please complete this portion and forward to the appropriate County Waiver contact person.

Name of applicant

Address (number, street)	City	State	ZIP code
--------------------------	------	-------	----------

Social security number	Date of birth	Telephone ()
------------------------	---------------	------------------

Guardian (if applicable)

Address of guardian (if different) (number, street)	City	State	ZIP code
---	------	-------	----------

Status

- New Medi-Cal applicant.
- Currently receives Medi-Cal with a share-of-cost.

Living Arrangement

- The applicant is currently in an institution. Please determine Medi-Cal eligibility based on his/her anticipated return to the community. Anticipated date of discharge: _____
- The applicant is currently living in the home.
- Other: _____

Eligibility Determination

If applicant/beneficiary is living or will live at home with his/her spouse and is property eligible and entitled to zero share-of-cost Medi-Cal under regular eligibility rules, spousal impoverishment rules are not utilized. If the applicant/beneficiary is property ineligible or has a share-of-cost, apply spousal impoverishment income and resource rules (i.e., institutional deeming rules) even if the applicant/beneficiary lives in the home. See Article 19D of the Medi-Cal Eligibility Procedures Manual.

This is to certify that the individual named above has met the admission criteria for a nursing facility as defined in the California Code of Regulations, Title 2, Division 3, Subdivision 1, Chapter 3, Article 4, Sections 51334 and 51335.

Signature of MSSP site contact person

Printed name of MSSP site contact person	Title	Telephone ()	
MSSP site address (number, street)	City	State	ZIP code

NOTE TO COUNTY: Please send a copy of the Notice of Action to the MSSP site when the determination is completed.

White: County Copy

Yellow: MSSP Site Copy

APPENDIX G – ALW REFERRAL FORM

REFERRAL FORM FOR THE ASSISTED LIVING (AL) WAIVER

Date: _____

To: _____ (AL Waiver contact) _____ County
Phone Number

From: _____ Department of Care Health Services Monitoring and Oversight Section.

Phone: _____ e mail: _____

Fax _____

This notice concerns the individual named below.

Individual: _____ Case Name: _____

Address: _____ City/State: _____

Zip Code: _____ Social Security Number: _____

Date of Birth: _____ Telephone Number: _____

This individual

- has been screened as medically eligible for the AL Waiver ,
- will be disenrolled from the AL Waiver as of _____.

County Instructions:

This individual is already eligible for no-cost Medi-Cal, no new determination is needed, and this form does not need to be returned to the Monitoring and Oversight Section. This referral form is to inform the county that this individual is already or will be moving to assisted living on _____.

Please determine Medi-Cal eligibility for the above individual and then e mail or fax this form to:

Results of county determination:

If the above individual is enrolled in the AL Waiver, he/she will be eligible for Medi-Cal with

no share-of-cost a Medi-Cal share-of-cost of \$ _____.

Special AL Waiver rules were used in this determination: Yes No

Net nonexempt income was calculated as follows:

The above individual is ineligible for Medi-Cal even when AL Waiver rules are applied because

_____.

County Instructions Once This Form is Returned by DHCS:

- DHCS will be enrolling the above individual in the AL Waiver effective _____ . Please report his/her Medi-Cal eligibility to MEDS beginning with this month and also report any 3-month retroactive eligibility using regular Medi-Cal rules.
- DHCS will not be enrolling the above individual in the AL Waiver because
 - he/she has a share of cost under regular Medi-Cal and would have a share of cost even if enrolled in the AL waiver.
 - other: _____
- DHCS will be disenrolling the above individual from the AL Waiver because _____ . Please redetermine his/her Medi-Cal eligibility without using AL Waiver rules. Note: This individual may have a change in his/her living arrangement.

If the AE child...	Then ...
is approved for regular Medi-Cal benefits	<ul style="list-style-type: none"> • the worker will approve the case as usual, beginning with the first day of eligibility based on the application date and other eligibility factors. • MEDS will terminate the AE aid code once a child is approved for ongoing Medi-Cal benefits.
Denied regular Medi-Cal Benefits	<ul style="list-style-type: none"> • The worker will deny the case as usual. • There is no 10-day NOA requirement when AE is terminated, but the worker must still notify the beneficiary that benefits under AE will be discontinued. See Appendix 4-20-L for NOA codes.

NOTE: AE benefits granted to a child who is later determined to be ineligible to ongoing Medi-Cal benefits is not considered an overpayment.

MPG Letter 586 (11/05)

D. Aid Code and Automation

The aid code for AE is **8E**. This is a zero share of cost, full-scope fee-for-service aid code. For other automation information, see Appendix 4-20-K.

MPG Letter 586 (11/05)

04.20.02 Mail-In Applications

A. Introduction

As mandated by Senate Bill (SB) 903 and Assembly Bill (AB) 1126, the DHCS has developed a simplified mail-in application process for the Medi-Cal and HF.

Under the Medi-Cal program, the mail-in application process is for children under the age of 19 and for pregnant women under the 200% program. A face-to-face interview for this population is not required except at the client's request or if the FRC determines it is necessary for good cause, suspicion of fraud or for completion of the application process.

MPG Letter 635 (05/08)

B. Application Packets

The common Medi-Cal and/or HF application form is available in booklet form through community-based organizations (CBOs), county

welfare offices, HF, schools, neighborhood businesses and other agencies. General information, an explanation of the Medi-Cal and HF, and instructions for completing the application are included in the booklet. The booklet also includes an envelope to send the application to SPE. Electronic Data Systems (EDS) is the administrative vendor of SPE and is also the enrollment vendor for the HF. The address on the envelope is SPE's address. If the applicant sends the application to ACCESS it will be forwarded to the appropriate Family Resource Center.

When submitting a mail-in Medi-Cal application, the applicant must include the four-page MC 321 HFP and the CA 2.1 and CA 2.1 (Q) if required. The CA 2.1 and CA 2.1 (Q) are not included in the booklet, but are available separately at the same locations as the application booklets. Verification of income, income deductions and residency shall also be mailed with the application forms.

MPG Letter 635 (05/08)

**C.
Process
when
applications
are received
from SPE**

When Applications are received from the SPE:

Step	Action							
1	ACCESS will date stamp the application, enter the date received and client's name on the tracking log and forward the application to the appropriate FRC intake scheduling supervisor within 24 hours.							
2	<table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>The application is submitted or mailed directly to the county FRC or ACCESS without a transmittal form</td> <td>The application date is the date the application is received and first date stamped by the FRC or ACCESS.</td> </tr> <tr> <td>The application is received from SPE via ACCESS</td> <td>The application date is the date on the transmittal form (please refer to below section 'application forwarded to CWD transmittal form')</td> </tr> </tbody> </table>		If...	Then...	The application is submitted or mailed directly to the county FRC or ACCESS without a transmittal form	The application date is the date the application is received and first date stamped by the FRC or ACCESS.	The application is received from SPE via ACCESS	The application date is the date on the transmittal form (please refer to below section 'application forwarded to CWD transmittal form')
If...	Then...							
The application is submitted or mailed directly to the county FRC or ACCESS without a transmittal form	The application date is the date the application is received and first date stamped by the FRC or ACCESS.							
The application is received from SPE via ACCESS	The application date is the date on the transmittal form (please refer to below section 'application forwarded to CWD transmittal form')							

ACWDL
99-16

ACWDL
03-05

When FRCs Receive the applications from ACCESS or directly from the applicant the intake scheduling supervisor shall:

Step	Action
1	Assign the case to an intake worker
2	Log in each application packet received noting: